

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 180
Registered No. 34

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami Miami - Insp. Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Donald Lee Tipton { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY In event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Jan. 23-1931
Month Day Year

8. FATHER Full name Dwight Babcock Tipton 14. MOTHER Full maiden name Stell Lee Jackson
9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 25 (Years) 16. Color or race Cauc. 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Cripple Creek Colo. 18. Birthplace (city or place) Hope Maine
(State or country)

13. Occupation Nature of Industry Mining 19. Occupation Nature of Industry Housewife

20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child.) 1 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:40 a.m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D. (Physician or midwife).
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Jan 30, 1931 Registrar G. E. Finn

435-123-215

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

WHILE FADING INK—THIS IS A PERMANENT RECORD